

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE							
							APPLICANT(S)									
CLAIMS																
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.										
1							51							51		
2							52							52		
3							53	1						53	1	
4							54							54		
5							55							55		
6							56							56		
7							57		1					57		1
8							58	1						58	1	
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41							91							91		
42							92							92		
43							93							93		
44							94							94		
45							95							95		
46	1						96							96		
47							97							97		
48							98							98		
49							99							99		
50							100							100		
TOTAL IND.							TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS							TOTAL CLAIMS		

5A/C